

Center for Educational Performance and Information (CEPI) and Michigan Department of Education (MDE)

SSO/MEIS Authorized User Removal Request Form

	For the requester: Please enter your contact infe		Entity Code:
		ormation	so that we can contact you, if necessary.
	Name:		Title:
	E-mail Address:		Phone:
3	Enter the account information of the individual for	whom po	ermission(s) are to be removed.
-	Name of Individual to be Removed	Single Si	gn-On (SSO) ID MEIS ID
;	CEPI applications, go to: www.mi.gov/cepi . On the agreements are located under the links for the incapplications, go to: www.mi.gov/meis . The applications he individual applications. A separate security agracess is requested.	dividual a ations are	pplications listed on the left navigation bar. For Net listed alphabetically, with security agreement lir
	Please specify the application(s) from which this	ndividual	should have permission(s) removed for your ent
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Step 6 Fax this form to CEPI at (517) 335-0488

Send questions regarding CEPI applications to: cepi@michigan.gov